

Form CPF D 102: Campaign Finance Report CREENFIELD, MASS Office of Campaign and Political Finance 2021 OCT 20 AH 9: 46

File with: Director	· 自二1.4 。 · 自1.5
Office of Campaign and Political Finance One Ashburton Place Boston, MA 02108	CPF PD# Y CLERK
(617) 727-8352 Please print or type all information	tion event cionatura
Fill in dates: Reporting Period Beginning Date Zo z	
Type of report: (Check one) I initial Report	Dissolution Report Other
DOUGLAS WAYNE MAYO Full Name of Candidate COUNCILOR PRECINCT 8	Committee to Exect Doug May Committee Name ANN MAYO
Office Sought/District 143 WELL St., GREENFIELD, NA Residential Address	Name of Committee Treasurer 143 WELLS St. GEEDIFIELD, M Committee Mailing Address
Tel. No. (optional)	Tel. No. (optional)
Line 4: Total expenditures this period Line 5: Ending balance (line 3 minus line Line 6: Total in-kind contributions this Line 7: Total (all) outstanding liabilities Line 8: Name of bank(s) used	4) \$ 2,80 period (page 3) \$
Affidavit of Committee Tressurer: certify that I have examined this report including attached schedules and it is, to the best nance activity, including all contributions, losms, receipts, expenditures, disbursements, ampaign finance activity of all persons acting under the authority or on behalf of this co Signed under the penalties of	t of my knowledge and belief, a true and complete statement of all campaign in-kind contributions and liabilities for this reporting period and represents the
Affidavit of Candidate: (check I box only) Candidate with Committee and no activity independent of the committee contributions that I have examined this report, and attached schedules, and it is, to the best of mance activity, of all persons acting under the authority or on behalf of this committee in attributions, incurred any liabilities nor made any expenditures on my behalf during this carrifly that I have examined this report including attached schedules and it is, to the best name activity, including contributions, learn, receipts, expenditures, disbursements, in-ki mpaign finance activity of all persons acting under the authority or on behalf of this con Signed under the pensities of perjutices.	reporting period. arate report of my knowledge and belief, a true and complete statement of all campaign ind contributions and liabilities for this reporting period and represents the
melidade algunture (to ink)	10/20/21

SCHEDULE A: RECEIPTS

INITIAL REPORT: Report any receipts received before appointing the depository bank

OTHER REPORTS: You may omit schedule A information, as this has previously been disclosed on the reports filed by your depository bank. However, you must summarize your receipts on lines 9 - 11.

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

Date Received		n		Companion of Emphase	
6/28/21	PENN + ERIN MAYO POUCUE OT, SE, DYMPIA, WA	300	_	(DEAM) TRANSPORT OF STREET OF WASHINGTON	
7/15/21	RIVERVIEW DE, BILLING	58		SAVIN SOLEM COLOM	
8/9/23	DOUG MAYO 143 WOLS ST., GREATELD H	92	-	9 1-10-1-2-1-2-1-2-1-2-1-2-1-2-1-2-1-2-1-2	
MM.	153 West St. Generalisati				
	otal receipts in excess of \$50	392	3	THE PARTY OF THE P	
	otal receipts \$50 and under	57)	4		
Line 11: T	OTAL RECEIPTS IN THE PERIOD	442	7	Enter on page 1, line 2.	

SAVINGS ACCOUNT INFORMATION

Are there any campaign funds on deposit in savings accounts/C	Ds etc.? No (go to page 3) Yes
If yes, complete the following:	
Name(s) of Bank(s) and/or CDs	Amount in account/CD etc.
	\$
	ss
	\$
	\$
SAVINGS ACCOUNT/CD TOTAL:	S

All funds held in savings accounts, CDs etc. should be included in line 5, (ending balance) on page 1.

SCHEDULE B: EXPENDITURES

INITIAL REPORT: Report any expenditures made before appointing the depository bank.

OTHER REPORTS: You may omit schedule B information, as this has previously been disclosed on the reports filed by your depository bank. However, you must summarize your expenditures on lines 12 - 14.

Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

Date Paid		Whom Paid betical listing)	Address	Purpose of Expenditure	Am	ount
19/19/21	Doub !	maho	143 Wells St. Greenfield, WK	TRANSFORRED TO PERSONAL CHECK- ING ACCOUNT SO	440	L
-				CHECK FOR		
				"Door Hausers"		
				Expenditures over \$50	440	#
	Inter on pag	re I line 4		Expenditures \$50 and under		2
	on hai	50 I, IIII0 7	Line 14:	TOTAL EXPENDITURES	440	00

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

In-kind contributions are not reported by a depository bank. You must report all in-kind contributions for the reporting period on this form (or attached sheets). Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
				-
				-
		Line 15: Ir	-kind over \$50	
			-kind \$50 and under	3-
	Enter on page 1, line 6		otal In-kind	

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor, in addition, if the contributor has given an aggregate amount of \$200 or more in a calendar year, the contributor's occupation and employer must also be reported.

This page may be copied if additional pages are required to report all expenditures or all in-kind contributions. Please include your committee name, CPF ID# and a page number on each page.

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date To Whom Due Incurred		To Whom Due Address			Amount	
					Total Total	
			40/ 1/15/10 p	ij cythoj su	जी क्षेत्रक	
	1A . A4.	34.5				
YEL.	Enter on page 1, line 7.		18: OUTSTANDING I	LIABILITIES (ALL)		

SCHEDULE E: DISCLOSURE OF ASSETS STATEMENT

All candidates and committees must fill in part A or part B.

Part A:	Part D.
rart A: A	
Day S	

No assets* were acquired or disposed of by this candidate/committee during the period covered by this statement.

Part B:

Assets acquired. List all assets acquired since the committee last filed this statement. If this is the first Schedule E you have filed, list all assets.

Asset include year, model or other identifying information, if applicable.	Date Acquired	Present Location	Manner Acquired	Cost/Value

Assets disposed of: List all assets sold, traded or transferred during the reporting period covered by this statement.

include year, model or other identifying information, if applicable.	Acquired	Disposition to: Name and Address	of Disposition	Disposition Value Attach statement of how value is determined.

Assets acquired by a political committee must be used for the political purpose for which the committee is organized and must remain the property of that committee. Assets may be disposed of at any time, but must be disposed of prior to dissolution.

This page may be copied if additional pages are required to report all liabilities or assets. Please include your committee name, CPF and a page number on each page.

^{*} An asset is defined as any one item that has a useful life of more than one year, would be depreciable in a normal business environment, and has a cost/value of \$1,000 or more at the time of acquisition.